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Bib Data Sheet

CONFIRMATION NO. 4449

SERIAL NUMBER 09/340,875	FILING DATE 06/28/1999 RULE	CLASS 345	GROUP ART UNIT 2671	ATTORNEY DOCKET NO. SNS-006(7268)
APPLICANTS LOREN SHIH, CAMBRIDGE, MA; WALTER A. AVILES, SAN DIEGO, CA; THOMAS H. MASSIE, WINDHAM, NH; CHRISTOPHER M. TARR, CAMBRIDGE, MA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/093,304 07/17/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 07/21/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MA	SHEETS DRAWING 25	TOTAL CLAIMS 44
Verified and Acknowledged Examiner's Signature _____ Initials _____	INDEPENDENT CLAIMS 5			
ADDRESS 21323				
TITLE SYSTEMS AND METHODS FOR INTERACTING WITH VIRTUAL OBJECTS IN A HAPTIC VIRTUAL REALITY ENVIRONMENT				
FILING FEE RECEIVED 739	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Washington, D.C. 20231

SERIAL NUMBER 09/340,875	FILING DATE 06/28/1999 RULE -	CLASS 395	GROUP ART UNIT 2763	ATTORNEY DOCKET NO. SNS-006(7268)	
APPLICANTS LOREN SHIH, CAMBRIDGE, MA ; WALTER A. AVILES, SAN DIEGO, CA ; THOMAS H. MASSIE, WINDHAM, NH ;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/093,304 07/17/1998 <i>PN</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/21/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY MA	SHEETS DRAWING 25	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>PN</i> Initials					
ADDRESS TESTA HURWITZ & THIBEAULT HIGH STREET TOWER 125 HIGH STREET BOSTON, MA 02110					
TITLE SYSTEMS AND METHODS FOR INTERACTING WITH VIRTUAL OBJECTS IN A HAPTIC VIRTUAL REALITY ENVIRONMENT					
FILING FEE RECEIVED 739	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		